	P	TENT APPL	ICATIC Subs	N FEE DE	FRMINA	10)	RECOR	D	3	- P. S.	of Martha	
	APPLICATION AS FILED -PARTY (Column 1)							LENTITY		SMU	SMALL ENTITY	
_	FOR	HUNDER FLED		NUMBER EXTRA		7 .	RATEG	S FEE (S)				
ŋ.	ASIC FEE 7 CFR 1 18(1), (0),	e len	NA .		M	7.	NEA .	150.0		RATES	300.00	
	EARCH FEE 7 OFR:1 10(b) (4).0	(ed)	N/A		NIA		NÃ	\$250	1	NA	\$500	
E	KAMENATION FE	Ε	*.N/A	1. 1. 1.	Area .	, .	NO:	\$100	-			
T	OTAL CLAIMS COFR 1 16(d)	VO	}			1	X\$ 25	7.00	-1	N/A	\$200	
İN	DEPENDENT CL		minus	3 m. 13	de lacino sia		STRAIN COLUMN	-A _ 20-2A 3	Of	A	•	
<u> </u>	OFR 4 (6(N)):-		minus edification	i and drawing:	Axioed (O)	X	X100	a		X200		
FE (3)	OFR 1 16(4))	sheets (is \$250) eddition 35 U.S.(sheets of paper, the application size lee du is \$250 (\$125 for small entity) for each additional 50 sheets or baction thereof. Se 35 U.S.C. 41(a)(1)(G) and 32 (SE) 4 (a)(a)				10 15 kg 16					
MI.	LTIPLE DEPÊN	DENT CLAIM PRE	SENT OF	OFR 1.16(i):	· · · · ·		+180=		7	+360+		
-	If the difference in column 1 is less than zero; enter 0 in column 2						TOTAL	500	7			
1	APPLICATION AS AMENDED - PART II (Consider 2) (Consider 2) (Consider 2)						SMALL	ENTITY	OR	OTHE	R THAN	
CNUMENTA		CLAIMS REMAINING AFTER AMENOMENT		HIGHEST NLAMBER PREVIOUSLY PAID FOR	PRESENT EXTRA		RATE (S)	ADOI- TIONAL FEE (5)		RATE (5)	ADDI- TIONAL	
Ž	Total ; G7CFR 1.16(b)		Minus	102	5		K\$ 25 🔒		OR	X\$50	1257	
ź	O7 OFA LISTON	0	Minus	" (O:		IF	X100		OR	X200	PARC	
	Application Size Fee (37 CFR 1.15(s))						1	1999				
	PRESENTATION OF MULTIPLE GEPENDENT CLAIM GT CFR.1.1				R 1.16G)		189-		OR	+360=		
5	3/04	(Column 1)		(Column 2)	(Column 3)		OTAL DO'L FEE.		OR.	TOTAL ADOL FEE	250	
		CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA		RATE (I)	ADDI- TIONAL FEE (5)		RATE (S)	ADDI- TIONAL FEE (8)	
	Total profession	107	Minus	10/1	• /	F	C 25 .		OR.	X\$50.	155 (8)	
	Independent (37 OFR 1.18(N))	<i>(</i> 0.1	Minus	In	/		(100	4	OR	X200		
		Fee (37.CFR 1.16			<i>P</i>	وبترو	\$3.5	14.				
L	FIRST PRESENTA	TION OF MULTIFLE	pere coe (CLAN CT OF R	L1600		180#		OR .	+360a		
•	N the east					T A	TAL Diffee		OR	TOTAL ACOL FEE		
•	a vie Tagnes Nu Line Mighest Nu	ump 1 is less than i amber Previously P imber Previously Pa iber Previously Par	eld For IN old For IN	THIS SPACE IN	less then 20 e		•					

The regnest Number Previously Paid For (Total or independent) is the highest number found in one appropriate boot in column 1.
This objection of information is required by 37 CFR 1.16. The information is required to obtain or retain a benefit by the public which is to file (and by the LSPTO) to process) in application; Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, perpating, and submitting the completed application for the USPTO. Time will vary depositing upon the individual case. Any committee on the amount of time you require to complete this form entitled suggestions for reducing this burden, should be cent to the Chief information Officer, U.S. Petient and Trademark Office, U.S. Department of Commone, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patients, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.